



Together We Make a Difference Radiothon Alberta Health Services Application

The 2018 Radiothon is in partnership with The Eagle 100.9FM in June 20, 2019.

- All chosen projects will be required to:
 - o Share the Radiothon information / posters etc. with their staff, clients.
 - o Provide 2 people who have benefited or will benefit from the project for pre-interviews.
 - o Provide 6 volunteers for a minimum 2-hour shift.

Application notes:

- Funds raised by the Trust will be directed to public health facilities, services and programs whose client base is located in the region served by the Trust.
- The Trust does not provide funding for salaries.
- The Trust does not fund transportation costs or vehicles.
- The Committee will have discretion to seek additional information in support of an application.



Funding Application for Alberta Health Services Departments

Approvals to Proceed with application –

Department Manager Name:

Signature of Department manager:

AHS Director Name:

Signature AHM Manager Signature

Note: With these signatures, AHS agrees to accept full responsibility for the liability, any ongoing required maintenance and installation fees of the equipment/program/service.

For Equipment & Renovation Project Purchases only, did you:

Approach AHS Capital Equipment for capital equipment requests

YES NO

Response from AHS/Why?/Why not?

Approached AHS Surplus?

YES NO

Response from AHS/Why?/Why not?

Approach AHS Minor Equipment for minor equipment requests

YES NO

Response from AHS/Why?/Why not?

General Information

| | | |
|---------------------------------------|---------------------------|-------------|
| DEPARTMENT | FACILITY | |
| AUTHORIZED CONTACT PERSON | POSITION / TITLE | |
| TELEPHONE NUMBER () - | FAX NUMBER () - | |
| MAILING ADDRESS (site, address, town) | | POSTAL CODE |

E MAIL

Request

Equipment/Program or Service Name:

What is the total amount requested? *(Please include taxes, shipping, installation and other applicable charges).*

When is approval needed? *(Emergency < 1 Month; Urgent 1-6 Months; Elective: 6 Months)*

What is SRHT's percent of the total program/project or equipment budget?

Previous Sheep River Health Trust funding

Is the equipment to replace equipment SRHT purchased in the last 2 years

Overview

Describe the nature of the program/project or equipment for the Trust. *Must attach a product description and photos*

Why is the Equipment/Program or Service needed? Specifics on staff that will use the equipment.

Who and how will the members of our community be affected? Specifics on the patients that will benefit. *For example: patients, clients, residents in long term care, etc and what will the impact be on those members of our community.*

How will the staff at Oilfields Hospital and/or Okotoks Health and Wellness Centre be affected?

Is this program/project or equipment already in use in the Oilfields Hospital and/or Okotoks Health and Wellness Centre?

Financials

Please attach a copy of the budget for program, service or renovation projects.

Additional Comments

Please provide a brief summary/quote on the impact the SRHT would have on this program if the funding request is approved.

Additional Comments:

I believe the information in this application to be accurate and complete and to be on behalf of the organization listed above, with its full knowledge and consent.

Print name & title

Signature

Date

Please send completed application to:

Sheepriver.healthtrust@albertahealthservices.ca or

Fax to 403-995-2663 attention Sheep River Health Trust

Note - You will be required to come for a short 15 minute presentation if your application is chosen for funding consideration. Presentations to be held in April.

Questions - Please contact Andrea Mitchell at 403-995-5400

Application Deadline: Thursday, March 28, 2019, Noon.